

MEDI BRIEF

JANUARY 2018

50 years of Anglo Medical Scheme



In 2018 we are celebrating 50 years of Anglo Medical Scheme's existence! This is a milestone worth recognition, considering that only a third of the schemes that existed in 1968 are still around today. There were 256 medical-scheme-type entities registered in South Africa in 1967, covering approximately 1.86 million beneficiaries. The number of medical schemes decreased over the next 50 years to 82 schemes. The number of beneficiaries, with medical scheme cover in South Africa, fortunately increased to 8.9 million beneficiaries.

In 1967, the year when Christiaan Barnard performed the first heart transplant in Cape Town (as shown on the cover of our 2018 Benefit Guide), the Medical Schemes Act No. 72 was passed. This ensured that medical schemes and benefit societies were run on the principle of social solidarity and contained a broadly defined set of minimum benefits and outlawed risk rating. Anglo American Corporation Medical Scheme (AACMED), now Anglo Medical Scheme, was registered on 16 October 1968. This all occurred in an era when medicine, procedures and technology changed drastically.

The 60s, 70s and 80s produced a vast amount of medical innovation. (We have listed some of them on a timeline in the 2018 Benefit Guide.) Scientists made major advances in the understanding of the genetic code. Vaccines were introduced for rubella, mumps, polio and hepatitis B, which resulted in a major shift towards disease prevention. Surgeons performed organ transplants for the first time, which today save thousands of lives. The production of insulin made life-saving treatment available to people with diabetes. Statins were introduced to limit the damage of cardiovascular disease and HIV was identified to be the cause of AIDS.

The 90s brought, besides further medical innovation, democracy to South Africa and the previously race-based health system began

dismantling. A policy on universal health care was introduced, free care for children younger than 6 years and for pregnant women was instituted, as well as free primary health care for all South Africans. Our current Medical Schemes Act, No. 131 of 1998 was passed, as well as the tobacco products control amendment Act, which limits smoking in public places and raises awareness of health risks of tobacco by placing restrictions on tobacco advertisements.

In 2000 the Council for Medical Schemes was formally established and statutory minimum solvency requirements and the 270 diagnosis and treatment pairs were introduced. In 2003 PMBs were extended to include 25 chronic conditions and in 2004 the competition commission prohibited tariff setting between schemes and health care groups. Medically, the 2000s produced more insights into human genomes, scientists developed more life-saving vaccines and celebrated breakthroughs in Alzheimer's disease research.

The last 17 years were dominated by health care technology advances. The first in vitro kidney was grown, as well as the first human liver from stem cells; the world's first 3D printed organ tissues were created and the first successful bionic eye implant was performed.

Due to new technology, procedures and drugs, our cost of care has risen drastically in the last 50 years, but so has the quality of care and with it the quality of life. The years to come will change the way we experience medicine and treatments. Virtual consultations, robotics, Artificial Intelligence and 'big health data' research will take medicine to a new level.

Fortunately, the Scheme is in a healthy and strong position to continue to provide the appropriate funding for high-quality products and services for our members into the future.

What are your memories of 50 years of AMS?

How have you experienced 50 years of AMS? We would love to hear your stories. Please share them with us and send them to the Scheme's Communication Manager Judith.Friese@angloamerican.com

Standard Care Plan (SCP) members to use a dentist on the DRC network

As previously announced, the Scheme has contracted DRC (Dental Risk Company) to provide basic dental services, managed through a network of dentists, for all Standard Care Plan members. Members are required to consult with a DRC Network General Dental Practitioner.

What does this mean for SCP members?

Members are required to obtain dental services from a General Dental Practitioner on the DRC Network to avoid any co-payments.

Services offered and payment thereof

(Outlined on pages 26 and 36 of the 2018 Benefit Guide.)

DRC Network Dentist:

1. **Defined list of basic dental services** provided by a DRC Network Dentist: claims will be paid by DRC against a defined list of services.
2. **Dental services outside the defined list**, including specialised dentistry, provided by a Network Dentist: these claims will be paid by the Scheme, at the Scheme Reimbursement Rate (SRR) from the Additional Basic and Specialised Dentistry Family Limit.

Non-DRC Network Dentist:

1. **Defined list of dental services** provided by a non-DRC Dentist: basic dental services as per a defined list of services

will be paid by DRC. You will however be responsible for all excess costs (the difference between 80% of the SRR and the claimed amount).

2. **Basic dental services outside the defined list**, including specialised dentistry provided by a non-DRC Dentist: these claims will be paid by the Scheme, at the Scheme Reimbursement Rate from the Additional Basic and Specialised Dentistry Family Limit. Once the limit is exhausted, you will be responsible for the full payment of these services.

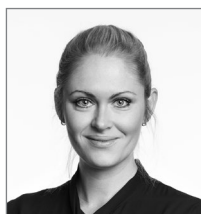
How to avoid co-payments?

Ask your dentist if he/she is on the DRC network or call the Call Centre to find a DRC network dentist. You will not incur a co-payment on services provided on the defined list if you consult with these network dentists. DRC will also contact your non-network dentist to possibly contract onto the network. Reasonable access has been established at a 25km radius from the member's physical address. Please contact the Scheme if you do not have cover within the specified radius.



Do you know your Trustees?

As we have had a few changes on our Board during the last year, we would like to use this opportunity to reintroduce your Trustees. This is the last edition of our introduction series. View the full list of Trustees on www.angloms.co.za > My Scheme > People behind the Scheme.



Bridget van der Bij

B.Com Law, Business Administration and Management (RAU), LLB (UJ), PGD Labour Law (cum laude) (UJ)
Bridget is an attorney of the High Court of South Africa. She practised as an attorney before joining Kumba as Legal Advisor in 2008. In 2012 she moved to Anglo

American's Group Legal Department to head up the Employment Law team. Bridget joined the Board as an employer-appointed Trustee in 2016 and also participates in the Management Committee. She has a keen interest in the Scheme and her strong legal expertise and objectivity are of great value to our Board.



Joe Coetzer

B.Com (UFS), B.Compt Hons (UNISA), CA (SA)

Joe has recently joined AMS as a new Trustee. He was previously an Audit Manager at Deloitte, transferred later to Deloitte Management Consultants, joined Transnet in 1990 and moved to SAFCOL

in 1993. Joe was appointed by the Minister of Public Enterprises to the SAFCOL main board in May 2003 and served as financial director until 2008 when he joined Mondi in Pietermaritzburg. He is employed today as the Commercial Manager (Forests) for Mondi South Africa. Joe served as Trustee on retirement funds within SAFCOL and will now use his qualifications, experience and skills to serve his fellow AMS members.

Visit www.angloms.co.za to learn more about your Scheme and benefits.

Find all previous MediBrief editions in the Info Centre > MediBrief Archive.

Member Queries:

Value Care Plan: 0861 665 665, anglo@primecure.co.za

Standard and Managed Care Plan: 0860 222 633, member@angloms.co.za

Claims: claims@angloms.co.za